| FOR INSTRUCTIONS, SEE BACK OF FORM   |  | FORM STATEMENT   |
|--|--|--|
| CHECK ONE:   |  | DR-1 OF (Rev. 07/00) ORGANIZATION  |
| This is an initial* Statement of Organization  This is an amended* Statement of Organization   | DISCL  |  |
| this is an afficituded Statement of Organization   | 2 222  | For Office Use Only  |
| An initial Statement of Organization should be filled within 10 days of the comm   | ittee Ancesting communitations   | Comm. #  |
| naking expenditures or incurring indebtedness exceeding \$500. Amendments s<br>hange. Penalties may be imposed for late-filed Statements of Organization.  | hould be filed within 30 days of a   | Indexed<br>Audited   |
| - · · · · · · · · · · · · · · · · · · ·  | ED   | Computer   |
| COMMITTEE NAME (Required by law)   |  |  |
|  |  |  |
| Friends of Halletts Qu   | arry   | EIN 42-1524587   |
| IMPORTANT: Indicate type of committee you are reporting for:   |  |  |
| (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC © 6) Ballet Issue/Franchise  |  |  |
| Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee) COMMITTEE TREASURER  This address used for all reminders and COMMITTEE CHAIR (List additional officers on separate page)  |  |  |
| COMMITTEE TREASURER Required by law)  This address used for all reminders and correspondence)  | COMMITTEE CHAIR (List additions  | al officers on separate page)  |
| Name   | Name   |  |
| Verin Vane   | Envin E. WHAT k  | -laas = 5  |
| Mailing Address  | Mailing Address  |  |
| 1354 Barkley Ct 405 Grand Ave 3 3  |  |  |
| City, State Zip Code   | City, State Zip Code   | ***************************************  |
| Amos, 1A 50010   | Ames, IA 5001  | 0  |
| Phone 6(5) 232-8083  | Phone (515) 233-332  | .7   |
| e-Mail Krane Oigstate - edu  | e-Mail eklags Oyah   |  |
| INDICATE PURPOSE OF COMMITTEE - Check One Box Advo   | cate for/against candidate(s) X Ad   | vocate for/against ballot issue(s)   |
| Comment or description: For Awas City bound is   | we to acquire land to  | or drinking water  |
| Office Sought:   | District:  | spored ion-  |
|  |  |  |
| Political Party (if applicable)  | Year Standing for Election:  |  |
| Political Party (if applicable)  County/Local Candidates and Local Ballot/Franchise Committees Enter:  |  | 1  |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:   | Date of Election:  |  |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  | Date of Election:  Candidate name & Address or Pan  Aff  | ent Entity (PACs, if applicable),  |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  | Date of Election:  Candidate name & Address or Pan  Aff  | ent Entity (PACs, if applicable),  |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:   | Date of Election:  Candidate name & Address or Pan   | ent Entity (PACs, if applicable),  |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Friends of Hallotto Quarry Name of Financial Institution/type of Account  LCA Community Credit Union  | Date of Election:  Candidate name & Address or Pan  Aff  Friends of Halle  | ent Entity (PACs, if applicable),<br>iliate, or Sponsor<br>HS QUARRY   |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Friends of Hallotts Quarry  | Date of Election:  Candidate name & Address or Pare  Friends of Halle  Mailing Address  LAOS Grand Address  City   | ent Entity (PACs, if applicable),  iliate, or Sponsor  HC QUANCY  State    Zip      Zip      Zip      Zip      Zip |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Friends of Hallets Quarry Name of Financial Institution/type of Account  LSJ Community Credit Union Mailing Address + +  Po Pox (ASS Liwan Way + Grand  | Date of Election:  Candidate name & Address or Pan  Aff  Friends of Halle  Mailing Address  City   Ames  | ent Entity (PACs, if applicable),  Tiliate, or Sponsor  HS Quarry  |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Friends of Hallotto Quarry Name of Financial Institution/type of Account  LCA Community Credit Union  | Date of Election:  Candidate name & Address or Pan  Aff  Friends of Halle  Mailing Address  City  Phone (515) 233-332  | ent Entity (PACs, if applicable),  Tiliate, or Sponsor  HS QUARY  State  |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Friends of Hallotts Quarry  Name of Financial Institution/type of Account  LOU Community Credit Union  Mailing Address  PO Pox (ASS Lincan Way & Grand  City   State   Zip    Awars   A Scotto  | Date of Election:  Candidate name & Address or Pan  Aff  Friends of Halle  Mailing Address  City   | ent Entity (PACs, if applicable),  Tiliate, or Sponsor  HS QUANTY  IC  State   |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Friends of Hallets Quarry  Name of Financial Institution/type of Account  Mailing Address  FO POX (ASS) Lived Way & Grand  City   | Date of Election:  Candidate name & Address or Pan  Aff  Friends of Halle  Mailing Address  City   | ent Entity (PACs, if applicable),  Tiliate, or Sponsor  HS QUANTY  State + Zip +   Scotto  The Scotto  Committees, except state parties and central resonal funds.)  |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Friends of Hallets Quarry  Name of Financial Institution/type of Account  Hallets Quarry  Name of Financial Institution/type of Account  Mailing Address  PO POX (ASS)  Livan Way (Grand)  City   | Date of Election:  Candidate name & Address or Pare  Aff  Friends of Halle  Mailing Address  City + City + City  Phone (515) 233 - 332  e-Mail Chago Qual  (Statement of intent required by law for all committees and committees using only pe  (6) PRORATED REFUND TO C  | ent Entity (PACs, if applicable),  iliate, or Sponsor  HS QUARY  State   |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Friends of Hallotts Quarry  Name of Financial Institution/type of Account  Mailing Address  PO POX (ASS)  Lived Way (Syave)  City   | Date of Election:  Candidate name & Address or Pan  Aff  Friends of Halle  Mailing Address  City + + City  Phone (515) 233-332  e-Mail CH aas O yak  (Statement of intent required by law for all committees and committees using only pe  (6) PRORATED REFUND TO Committee one) (7) TRANSFER TO ANOTHER   | ent Entity (PACs, if applicable),  Tiliate, or Sponsor  HS QUANTY  State + Zip +   Scotto  The Scotto  Committees, except state parties and central resonal funds.)  |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Triends of Halletto Quarry  Name of Financial Institution/type of Account  Livery Credit Union  Mailing Address  PO POX (ASS) Livery Way & Grave  City to State to Zip to State  DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION Indicate disposition of funds by marking appropriate number in box  (1) DONATED TO COUNTY CENTRAL COMMITTEE  (2) DONATED TO CHARITABLE ORGANIZATION   | Date of Election:  Candidate name & Address or Pan  Aff  Friends of Halle  Mailing Address  City  Phone (515) 233-332  e-Mail CHaas Oual  (Statement of intent required by law for all committees and committees using only pe  (6) PRORATED REFUND TO Come one) (7) TRANSFER TO ANOTHER  (CANDIDATES ONLY)  | ent Entity (PACs, if applicable),  iliate, or Sponsor  HS QUARY  State   |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Triends of Halletto Quarry  Name of Financial Institution/type of Account  Local Cawlmunity Credit Union  Mailing Address  PO POX (ASS) Lived Way & Grand  City to State to Zip to State to Z | Date of Election:  Candidate name & Address or Pan  Friends of Halle  Mailing Address  City  | ent Entity (PACs, if applicable),  Tiliate, or Sponsor  HS QUALYU  State   |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Triends of Halletto Quarry  Name of Financial Institution/type of Account  Livery Credit Union  Mailing Address  PO POX (ASS) Livery Way & Grave  City to State to Zip to State  DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION Indicate disposition of funds by marking appropriate number in box  (1) DONATED TO COUNTY CENTRAL COMMITTEE  (2) DONATED TO CHARITABLE ORGANIZATION   | Date of Election:  Candidate name & Address or Pan  Aff  Friends of Halle  Mailing Address  City  Phone (515) 233-332  e-Mail CHaas Oual  (Statement of intent required by law for all committees and committees using only pe  (6) PRORATED REFUND TO Come one) (7) TRANSFER TO ANOTHER  (CANDIDATES ONLY)  | ent Entity (PACs, if applicable),  Tiliate, or Sponsor  HS QUALYU  State   |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Friends of Hallotts Quarry  Name of Financial Institution/type of Account  Mailing Address  POPOX (ASS)  Lived Way (Symultified Count)  Mailing Address  City State   Zip    DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION Indicate disposition of funds by marking appropriate number in box:  (1) DONATED TO COUNTY CENTRAL COMMITTEE  (2) DONATED TO CHARITABLE ORGANIZATION  (specify)  (4) CITY/ICOUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)  (5) PARTISAN CONGRESSIONAL DISTRICT FUND  (ACCOUNTY CENTRAL COMMITTEE)  (5) PARTISAN CONGRESSIONAL DISTRICT FUND  (ACCOUNTY CENTRAL COMMITTEE)  (6) PARTISAN CONGRESSIONAL DISTRICT FUND   | Date of Election:  Candidate name & Address or Pan  Aff  Friends of Halle  Mailing Address  City   | ent Entity (PACs, if applicable),  Tiliate, or Sponsor  HS QUALYU  State   |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Friends of Halloths Quarry  Name of Financial Institution/type of Account  Mailing Address  POPOX GOS  City State J Zip  DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION Indicate disposition of funds by marking appropriate number in box:  (1) DONATED TO COUNTY CENTRAL COMMITTEE  (2) DONATED TO CHARITABLE ORGANIZATION  (specify)  (4) CITY/ICOUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline line)  (1) Awres - for Hallothe  | Date of Election:  Candidate name & Address or Pan  Friends of Halle  Mailing Address  City  | ent Entity (PACs, if applicable),  Tiliate, or Sponsor  HS QUALYU  State   |
| County/Local Candidates and Local Ballot/Franchise Committees Entercounty:    Bank Account Name  | Date of Election:  Candidate name & Address or Pan Aff  Friends of Halle Mailing Address  City   | ent Entity (PACs, if applicable).  Iliate, or Sponsor  HS QUANTY  State  |
| County/Local Candidates and Local Ballot/Franchise Committees Enter-County:  Bank Account Name  Name of Financial Institution/type of Account  Name of Financial Institution/type of Account  Mailing Address  PORX (ASS)  DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION Indicate disposition of funds by marking appropriate number in box:  (1) DONATED TO  COUNTY CENTRAL COMMITTEE  (2) DONATED TO CHARITABLE ORGANIZATION  (specify)  (4) CITY/COUNTY/SCHOOUSTATE OF IOWA GENERAL FUND (underline one)  (5) PARTISAN CONGRESSIONAL DISTRICT FUND  STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITIC  I am aware that I am required to file disclosure reports if the committee receive  500.00 in a calendar year to expressly advocate for any candidate or ballot issure reports, the candidate or chairperson (PACs) is responsible under the law for acct to civil penalties and possible other legal action. I understand that by filing this for   | Date of Election:  Candidate name & Address or Pan Aff  Friends of Halle Mailing Address  City  Phone (515) 233-332  e-Mail CHaas Quak (Statement of intent required by law for all committees and committees using only pe  (6) PRORATED REFUND TO COMMITTEES, BY CHAIRPERSON es contributions, makes expenditures, e. I understand that although the trease curate and timely disclosure reports and comm, I am subject to the laws found in I | ent Entity (PACs, if applicable),  Tiliate, or Sponsor  HS QUANTY  State   |
| County/Local Candidates and Local Ballot/Franchise Committees Enter: County:  Bank Account Name  Trick of Hall to Carry  Name of Financial Institution/type of Account  Mailing Address  POROX (AGG)  DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION Indicate disposition of funds by marking appropriate number in box:  (1) DONATED TO  COUNTY CENTRAL COMMITTEE  (2) DONATED TO CHARITABLE ORGANIZATION  (specify)  (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)  (5) PARTISAN CONGRESSIONAL DISTRICT FUND  STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITIC  I am aware that I am required to file disclosure reports if the committee receive \$500.00 in a calendar year to expressly advocate for any candidate or ballot issure reports, the candidate or chairperson (PACs) is responsible under the law for accounts.  | Date of Election:  Candidate name & Address or Pan Aff  Friends of Halle Mailing Address  City  Phone (515) 233-332  e-Mail CHaas Quak (Statement of intent required by law for all committees and committees using only pe  (6) PRORATED REFUND TO COMMITTEES, BY CHAIRPERSON es contributions, makes expenditures, e. I understand that although the trease curate and timely disclosure reports and comm, I am subject to the laws found in I | ent Entity (PACs, if applicable),  Tiliate, or Sponsor  HS QUANTY  State   |
| County/Local Candidates and Local Ballot/Franchise Committees Enter-County:  Bank Account Name  Name of Financial Institution/type of Account  Name of Financial Institution/type of Account  Mailing Address  PORX (ASS)  DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION Indicate disposition of funds by marking appropriate number in box:  (1) DONATED TO  COUNTY CENTRAL COMMITTEE  (2) DONATED TO CHARITABLE ORGANIZATION  (specify)  (4) CITY/COUNTY/SCHOOUSTATE OF IOWA GENERAL FUND (underline one)  (5) PARTISAN CONGRESSIONAL DISTRICT FUND  STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITIC  I am aware that I am required to file disclosure reports if the committee receive  500.00 in a calendar year to expressly advocate for any candidate or ballot issure reports, the candidate or chairperson (PACs) is responsible under the law for acct to civil penalties and possible other legal action. I understand that by filing this for   | Date of Election:  Candidate name & Address or Pan Aff  Friends of Halle Mailing Address  City  Phone (515) 233-332  e-Mail CHaas Quak (Statement of intent required by law for all committees and committees using only pe  (6) PRORATED REFUND TO COMMITTEES, BY CHAIRPERSON es contributions, makes expenditures, e. I understand that although the trease curate and timely disclosure reports and comm, I am subject to the laws found in I | ent Entity (PACs, if applicable).  Iliate, or Sponsor  CONTRUCT  State   |
| County/Local Candidates and Local Ballot/Franchise Committees Enternations:  Bank Account Name  Triends of Halletto Quarry  Name of Financial Institution/type of Account  Fall Cawlmunity Credit Union  Mailing Address  DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION  Indicate disposition of funds by marking appropriate number in box  (1) DONATED TO  COUNTY CENTRAL COMMITTEE  (2) DONATED TO CHARITABLE ORGANIZATION  (specify)  (4) CITY/DOUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)  (5) PARTISAN CONGRESSIONAL DISTRICT FUND  STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITIC  I am aware that I am required to file disclosure reports if the committee received to the candidate or chairperson (PACs) is responsible under the law for acc to civil penalties and possible other legal action. I understand that by filing this for and administrative rules found in chapter (35). I affirm that all committee officers  | Date of Election:  Candidate name & Address or Pan Aff  Friends of Halle  Mailing Address  City  | ent Entity (PACs, if applicable).  Iliate, or Sponsor  CONTRUCT  State   |